

Contract Manager and
Location/Building: *Brenda Fink*
Contract #: *2014 2043*

Amendment No. 1 to the
Agreement Between
Michigan Department of Community Health
and
Real Alternatives
for
Michigan Pregnancy and Parenting Support services Program

1. Period of Agreement

This agreement shall commence on October 1, 2013 and continue through January 31, 2015. This agreement is in full force and effect for the period specified.

2. Program Budget and Agreement Amount

This amendment modified the budget detail in Attachment B but does not change the total or Department's original agreement amount.

3. Amendment Purpose

The purpose of this amendment is to modify the budget detail in Attachment B and to extend the original agreement end date from September 30, 2014 to January 31, 2015. In addition, Attachment C contains reporting periods to match the new agreement end date.

4. Original Agreement Conditions

It is understood and agreed that all other conditions of the original agreement remain the same.

5. Special Certification

The individual or officer signing this amendment certifies by his or her signature that he or she is authorized to sign this amendment on behalf of the responsible governing board, official or Grantee.

6. Signature Section

For the Michigan Department of Community Health

Kristi Broessel

9/10/14

Date

Kristi Broessel, Director
Grants and Purchasing Division

For the GRANTEE:

Kevin I. Bagatta

PRESIDENT & CEO

Name (print)

Title (print)

Kevin I. Bagatta

9/4/2014

Date

PROGRAM BUDGET SUMMARY

View at 100% or Larger

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Use WHOLE DOLLARS Only

ATTACHMENT B.1

PROGRAM Michigan Pregnancy & Parenting Support Services			DATE PREPARED 9/2/14	Page 1	of 1
CONTRACTOR NAME Real Alternatives			BUDGET PERIOD From: Oct. 1, 2013 To: January 31, 2015		
MAILING ADDRESS (Number and Street) 7810 Allentown Blvd, Ste 304			BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL	AMENDMENT # <input checked="" type="checkbox"/> AMENDMENT 1	
CITY Harrisburg	STATE PA	ZIP CODE 17112	FEDERAL ID NUMBER 23-2868660		
EXPENDITURE CATEGORY					TOTAL BUDGET (Use Whole Dollars)
1. SALARY & WAGES					
2. FRINGE BENEFITS					
3. TRAVEL					
4. SUPPLIES & MATERIALS					
5. CONTRACTUAL (Subcontracts/Subrecipients)					
6. EQUIPMENT					
7. OTHER EXPENSES					
Administrative Expenses			\$105,000		
Services Expenses			\$595,000		
TOTAL DIRECT EXPENDITURES					
8. (Sum of Lines 1-7)			\$700,000		\$0
9. INDIRECT COSTS: Rate #1 %					
INDIRECT COSTS: Rate #2 %					\$0
10. TOTAL EXPENDITURES			\$700,000		\$0
SOURCE OF FUNDS:					
11. FEES & COLLECTIONS					
12. STATE AGREEMENT			\$700,000		
13. LOCAL					
14. FEDERAL					
15. OTHER(S)					
16. TOTAL FUNDING			\$700,000		\$0

AUTHORITY: P.A. 368 of 1978	The Department of Community Health is an equal opportunity employer, services and programs provider.
COMPLETION: Is Voluntary, but is required as a condition of funding.	

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PROGRAM BUDGET - COST DETAIL SCHEDULE

View at 100% or Larger

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

ATTACHMENT B.2

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PROGRAM Michigan Pregnancy & Parenting Support Services		BUDGET PERIOD		DATE PREPARED	
		From: Oct. 1, 2013	To: Jan. 31, 2015	BUDGET AGREEMENT	
CONTRACTOR NAME Real Alternatives		<input type="checkbox"/> ORIGINAL	<input checked="" type="checkbox"/> AMENDMENT		
1. SALARY & WAGES: POSITION DESCRIPTION	COMMENTS	POSITIONS REQUIRED		TOTAL SALARY	
President & CEO				\$ 18,000	
Director of Finance				\$ 4,200	
Assistant Director of Finance				\$ 4,000	
Accountant				\$ 5,100	
Bookkeeper				\$ 3,500	
Accrued Vac & Sick				\$ 238	
1. TOTAL SALARY & WAGES:		0.000	\$	35,038	
2. FRINGE BENEFITS: (Specify)		LIFE INS VISION HEARING OTHER:spec if- if-	DENTAL INS WORK COMP	\$	10,010
2. TOTAL FRINGE BENEFITS:		\$	10,010		
3. TRAVEL: (Specify if category exceeds 10% of Total Expenditures)				\$	3,500
3. TOTAL TRAVEL:		\$	3,500		
4. SUPPLIES & MATERIALS: (Specify if category exceeds 10% of Total Expenditures)				\$	34,748
Office Expense		\$	14,748		
Computer Resources		\$	20,000		
4. TOTAL SUPPLIES & MATERIALS:		\$	34,748		
5. CONTRACTUAL: (Subcontracts/Subrecipients)		Name	Address	Amount	
Consulting		\$	6,000		
Legal Consulting		\$	1,200		
5. TOTAL CONTRACTUAL:		\$	7,200		
6. EQUIPMENT: (Specify)				Amount	
6. TOTAL EQUIPMENT:		\$	-		
7. OTHER EXPENSES: (Specify if category exceeds 10% of Total Expenditures)				Amount	
Communication:				\$	-
Space Cost:	Rent / Telephone	\$	7,000		
Others (explain):	Business Insur + Ofc & Directors Insurance	\$	1,100		
	Audit	\$	5,000		
	Equip. Service Contract	\$	500		
	Professional Development	\$	624		
	Job Advertising / Employee Screening	\$	280		
7. TOTAL OTHER EXPENSES:		\$	14,504		
8. TOTAL DIRECT EXPENDITURES: (Sum of Totals 1-7)				8. TOTAL DIRECT EXPENDITURES:	\$ 105,000
9. INDIRECT COST CALCULATIONS:					
Rate #1 Base \$	x Rate	=	\$	\$	-
Rate #2 Base \$	- x Rate	0.00%	=	\$	-
9. TOTAL INDIRECT EXPENDITURES:		\$	-		
10. TOTAL ALL EXPENDITURES: (Sum of lines 8-9)				\$	105,000
AUTHORITY: P.A. 368 of 1978		The Department of Community Health is an equal opportunity employer, services and programs provider.			
COMPLETION: Is voluntary, but is required as a condition of funding.					
DCH-0386(E) (Rev. 09/07) (EXCEL) Previous Edition Obsolete		Use Additional Sheets as Needed			

PROGRAM BUDGET - COST DETAIL SCHEDULE

View at 100% or Larger MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Use WHOLE DOLLARS Only

ATTACHMENT B.2

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PROGRAM		BUDGET PERIOD		DATE PREPARED	
Michigan Pregnancy & Parenting Support Services		From: 10/1/13	To: 1/31/2015	9/2/14	
CONTRACTOR NAME Real Alternatives		BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> AMENDMENT		AMENDMENT # 1	
1. SALARY & WAGES: POSITION DESCRIPTION		COMMENTS		POSITIONS REQUIRED	
Vice President				TOTAL SALARY \$ 13,000	
Service Provider Approval				\$ 3,100	
Quality Control Coordinator				\$ 4,700	
Service Provider Monitoring				\$ 2,000	
Toll Free				\$ 670	
Accrued Vac & Sick				\$ 118	
		1. TOTAL SALARY & WAGES:		0.000	\$ 23,588
2. FRINGE BENEFITS: (Specify)		<input checked="" type="checkbox"/> LIFE INS <input type="checkbox"/> DENTAL INS <input checked="" type="checkbox"/> UNEMPL <input checked="" type="checkbox"/> VISION INS <input type="checkbox"/> WORKCOMP <input checked="" type="checkbox"/> OY INS <input checked="" type="checkbox"/> HEARING <input checked="" type="checkbox"/> RETIREM <input type="checkbox"/> INS <input checked="" type="checkbox"/> ENT <input checked="" type="checkbox"/> OTHER:spec <input checked="" type="checkbox"/> HOSPITA <input checked="" type="checkbox"/> L INS <input type="checkbox"/> Ify		\$ 6,236	
				2. TOTAL FRINGE BENEFITS: \$ 6,236	
3. TRAVEL: (Specify if category exceeds 10% of Total Expenditures)				\$ 7,400	
				3. TOTAL TRAVEL:	\$ 7,400
4. SUPPLIES & MATERIALS: (Specify if category exceeds 10% of Total Expenditures)					
Client Education Materials				\$ 6,000	
Pregnancy Test Kits				\$ 10,500	
				4. TOTAL SUPPLIES & MATERIALS:	\$ 16,500
5. CONTRACTUAL: (Subcontracts/Subrecipients)					
Name				Amount	
Client Services				\$ 501,276	
Database Consulting				\$ 6,000	
				5. TOTAL CONTRACTUAL:	\$ 507,276
6. EQUIPMENT: (Specify)				Amount	
				6. TOTAL EQUIPMENT:	\$ -
7. OTHER EXPENSES: (Specify if category exceeds 10% of Total Expenditures)				Amount	
Communication:					
Space Cost:		Services Advertising		\$ 13,000	
Others (explain):		Toll Free Referral System		\$ 1,000	
		Contract Closeout Cost		\$ 20,000	
				7. TOTAL OTHER EXPENSES:	\$ 34,000
8. TOTAL DIRECT EXPENDITURES: (Sum of Totals 1-7)				8. TOTAL DIRECT EXPENDITURES:	
				\$ 595,000	
9. INDIRECT COST CALCULATIONS:					
Rate #1 Base \$ x Rate 0.00% = \$					
Rate #2 Base \$ x Rate 0.00% = \$					
				9. TOTAL INDIRECT EXPENDITURES: \$	
10. TOTAL ALL EXPENDITURES: (Sum of lines 8-9)				\$ 595,000	
AUTHORITY: PA. 386 of 1970			The Department of Community Health is an equal opportunity employer, services and programs provider.		
COMPLETION: Is Voluntary, but is required as a condition of funding.			Use Additional Sheets as Needed		
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ATTACHMENT C

PERFORMANCE / PROGRESS REPORT REQUIREMENTS

- A.** The Contractor shall submit the following reports on the following dates:
 1. 1st Quarter Period 10/1/13 - 12/31/13 - Due 2/14/14
 2. 2nd Quarter Period 1/1/14 - 3/31/14 - Due 5/15/14
 3. 3rd Quarter Period 4/1/14 - 6/30/14 - Due 8/15/14
 4. 4th Quarter Period 7/1/14 - 9/30/14 - Due 11/14/14
 5. 5th Quarter Period 10/1/14 - 12/31/14 - Due 1/31/15
 6. Monthly Period 1/1/15 - 1/31/15 - Due 2/28/15

- B.** Any such other information as specified in the Statement of Work, Attachment A shall be developed and submitted by the Contractor as required by the Contract Manager.

- C.** Reports and information shall be submitted to the Contract Manager at:

Brenda Fink, Director
Family and Community Health Division
Michigan Department of Community Health
109 W. Michigan
Lansing, MI 48913

- D.** The Contract Manager shall evaluate the reports submitted as described in Attachment C, Items A. and B. for their completeness and adequacy.

- E.** The Contractor shall permit the Department or its designee to visit and to make an evaluation of the project as determined by Contract Manager.